

## MEMORANDUM

To: Social Security Advisory Board  
Subject: Single Decision Maker Paper Background  
Date: April 19, 2015

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When we spoke with ODAR at the November 2014 Board meeting, Glenn Sklar, Deputy Commissioner for ODAR, recommended *reinstating reconsiderations* to help ODAR reduce the backlog. For the February board meeting, the staff drafted a memo on SSA's prototype model which is comprised of two elements: 1) the removal of the reconsideration step in the appeals process, and 2) the authority for the disability examiner to decide most cases without a medical consultant's review – known as the "Single Decision Maker" (SDM).

At the February meeting, we also heard from Ken Nibali and Art Spencer (both retired SSA Associate Commissioners in disability policy) about the Prototype model. They told us that SSA's expectations for Prototype results were:

- Slightly higher DDS allowance rates because there had previously been many erroneous denials.
- Shorter time to hearing since there is no reconsideration step
- A lower allowance rate at ODAR because the allowances would get filtered out sooner.

Mr. Nibali and Mr. Spencer explained that they expected the SDM would lead to higher allowance rates because medical consultants had been improperly denying cases that SSA believed were ultimately being allowed on appeal.

When we visited the VA DDS right after the February board meeting, we asked the DDS representatives their opinions on reconsideration. The DDS perspective was fairly neutral on the reconsideration since they are either funded by SSA for that workload or not, and their workload is largely unaffected by any backlogs created at ODAR. We did hear consensus that DDSs would like to have the SDM authority because it enables cases to be process more quickly. Both the DDS and the SSA representatives advocated for a national rollout of SDM authority.

On our NYC trip in March, the NY and NJ DDS administrators also advocated for the national rollout of SDM authority. They told us that SDM authority avoids having cases wait in a queue for medical consultants. The queue becomes backlogged because there are not enough medical consultants – these positions are difficult to fill because the doctors earn less at the DDS than they might in private practice, and the medical consultants they do have can be working part-time. The DDS administrators attributed the lower error rate with SDM authority to the difficulty doctors

have applying SSA statutory requirements against the purely medical assessments they typically perform.